



Office of Women's Health

Indiana State Department of Health

Annual Report

In fulfillment of the requirements of House Enrolled Act 1356 Section 3(12)

2006-2007



Indiana State
Department of Health



Office of Women's Health Mission

The Office of Women's Health at the Indiana State Department of Health strives to become the centralized location for the development of leadership and vision for women's health and other public health programs in the state. Staff works to maintain key partnerships with the Indiana Commission for Women, the Office of Minority Health at the Indiana State Department of Health, the Indiana University Center for Excellence in Women's Health, and other community partners.

Office of Women's Health Objectives

- To identify, coordinate, and set statewide priorities for women's health programs, services, and resources;
- To educate and advocate for women's health, providing statewide leadership for better access to and financing for health services, preventive screening, treatment services, and health education efforts;
- To seek funding and partnerships from private or governmental entities for programs and initiatives;
- To promote programs that are especially sensitive to the needs of underserved and disadvantaged women, and those with special needs;
- To serve as a clearinghouse for information, current research and data and to assist policy-makers;
- To provide leadership and mentoring opportunities for young women.



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Indiana State Department of Health

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Indiana State Department of Health

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Office of Women's Health Activities for 2006-2007

Women and Heart Disease

In keeping with Indiana's commitment to support healthy, productive citizens, the First Lady of Indiana, Cheri Daniels, and the Indiana State Department of Health's Office of Women's Health have teamed up to focus on heart disease among women. Heart to Heart is the First Lady's initiative that encourages women to have heart-to-heart conversations about heart disease. The four goals are to:

- Increase awareness that heart disease is the number one killer of women
- Empower women to reach out to and support others in living a heart healthy lifestyle
- Educate women on how to live a heart healthy lifestyle
- Provide a collection of resources for more information and support for women

In fall 2006, the Office of Women's Health and Mrs. Daniels traveled to two college campuses to host heart disease awareness and education events for young women. The First Lady visited the University of Southern Indiana in Evansville on October 2, 2006 and Ball State University in Muncie on October 11, 2006. Both programs included free heart health screenings for program attendees, education from a nurse practitioner, survivor testimonials, information about campus resources available, and remarks from the First Lady. Attendees were asked to commit to living a heart healthy lifestyle by signing the First Lady's Heart to Heart Pledge.

On June 7, 2007, the Office of Women's Health created the first Heart to Heart e-newsletter for women who have signed the Heart to Heart pledge. OWH creates the newsletter with Exact Target, an automated software program that allows the user to create e-newsletters and gather data from recipients. The monthly newsletters include heart-healthy recipes, a section highlighting women's health programming in Indiana, women's health information, and a listing of women's health related events. The newsletter listserv continues to grow as OWH encourages women to sign up at outreach activities.

OWH and the Office of the First Lady also work together to promote Mrs. Daniels' Heartland Walk for Health at the Indiana State Fair each August. The Heartland Walk for Health is another opportunity for Mrs. Daniels to spread her message about heart health and fitness.

INfluence (Indiana Female Leaders Unite)

INfluence (Indiana Female Leaders Unite) provides an avenue by which powerful Hoosier women (leaders in government, business, health care, education, media, and faith-based and community organizations) are:

- Educated about critical women's health issues
- Given a charge to educate about and advocate for women's health in their own spheres of influence

- Provided with toolkits to help them accomplish this goal

Judy Monroe, M.D., State Health Commissioner, conceived the INFluence vision when she became the first female State Health Commissioner in Indiana. She believes that women of influence have the power to carry critical women's health messages far and wide, and make these issues relevant and visible at work, at school, at home, in policy, in the media, in faith communities, and among health care professionals. The Office of Women's Health in conjunction with Indiana Tobacco Prevention and Cessation and sponsorship from Anthem, hosted the first INFluence Women's Health Forum on April 18, 2007. The forum was held in response to R.J Reynolds' Camel No. 9 marketing campaign specifically targeting young women to promote their new "light and luscious" cigarettes sold in sleek black boxes with hot pink and teal trim. Over 200 powerful Hoosier women attended and learned about Camel's deadly marketing campaign. Attendees are using their influence to complete the call to action issued by Dr. Monroe and are educating and impacting women in their communities.

The Office of Women's Health and its partner organization, Indiana Tobacco Prevention and Cessation, created a toolkit to facilitate spreading the message to women leaders across the state. Local forums are planned in numerous counties, including Tippecanoe, Delaware, Monroe, Fulton, Madison, Elkhart, Jefferson, Washington, and several others. In addition, the Office of Women's Health is working with the Exact Target software program to send a monthly e-newsletter to all Forum attendees. The newsletter provides them with specific ideas and resources on how to complete the monthly call to action and use their influence to stop young women from using tobacco.

National Women's Health Week 2007

The Office of Women's Health promoted National Women's Health Week 2007 by planning an event targeted toward female state employees at the Indiana Government Center on May 14, 2007. The event included free health screenings (blood pressure, body fat analysis, hand massages, and skin consultations), educational displays, and two performances by Community Health Network's "Picture This" interactive theater group. The performances centered on women's mental health, stress management, and the theme of the week—"It's Your Time! Pamper Your Mind, Body, and Spirit". Approximately 150 women participated. The Office of Women's Health also facilitated a weeklong collection of toiletry and bath and body products at the Government Center. The collected items were donated to the Julian Center, a well-known local service provider to victims of domestic violence.

HPV and Cervical Cancer

The Indiana Legislature passed Senate Bill 327 during the last legislative session. This bill requires that schools send home written information about the link between HPV and cervical cancer and the availability of the vaccine to parents of 6th grade girls, and asks parents to respond about whether or not they plan to get their daughters vaccinated.

The Office of Women's Health pulled together representatives from the various State Department of Health programs with a connection to HPV and/or cervical cancer (Immunizations, HIV/STD, Adolescent Health, Coordinated School Health, Cancer Control, Breast and Cervical, etc.) to form a workgroup. The group met periodically and collaborated with Dr. Charlene Graves in creating the literature being sent home to parents of 6th grade girls.



Next Steps for the Office of Women's Health

Outreach

The Office of Women's Health exhibits frequently at local and statewide events to raise awareness and educate women about important health issues and plans to do even more of this in the coming year. The Office of Women's Health will sponsor a booth at the Black and Minority Health Fair (which is a part of Indiana Black Expo) from July 19-22nd, 2007 which will include an interactive women's health trivia game, the First Lady's Heart to Heart pledge and newsletter signup, and educational materials. Similar activities will be conducted at the Governor's SummerFit Plaza at the State Fair from August 8-11, 2007, of which the Office of Women's Health will be a sponsor. The Office of Women's Health will sponsor the Latino Coalition Against Sexual and Domestic Violence Annual Conference on September 6, 2007 and Health By Design's "*Physical Activity and the Built Environment: What Works?*" Conference on September 10, 2007. OWH also will host a display at Clarian Health Partners' 1st Annual Girl Power event on September 29 and at the INShape Indiana Health Summit at Purdue University on October 15th.

INFluence

Local INFluence forums will be held in many counties throughout the remainder of 2007 and into 2008 to continue raising awareness about tobacco marketing to young girls and asking women to take action. The 2nd Annual INFluence Women's Health Forum will take place in April 2008 and will include an update on the progress made during the previous year as well as introduce a new women's health topic and specific action steps for powerful Indiana women to carry out in order to improve the health of women in our state.

Indianapolis Woman

The Office of Women's Health will begin working closely with *Indianapolis Woman* magazine to spread positive health messages through a monthly insert. These inserts will focus on important women's health issues such as tobacco, diabetes, and mental health. Sponsorship and expert content will be sought from a variety of partners and the inserts will also be available as reprints and can be used as educational materials in a variety of settings across the state.

ASIST 2010 Grant

Indiana will begin the ASIST 2010 project on September 1, 2007 after receiving a three year grant award from Health and Human Services. ASIST2010 will focus on Healthy People 2010 objectives for Diabetes and the cross cutting focus areas of Nutrition and Overweight and Physical Activity and Fitness. The Indiana Diabetes Advisory Council will serve as the public health system/collaborative partnership for this project. A gender focus will be achieved by creating a Women's Health Committee under the Indiana Diabetes Advisory Council that will also serve as a steering committee for the grant. The Office of Women's Health will hire a full-time project

coordinator to serve as the committee chair and oversee all aspects of the project. A part-time epidemiologist will be contracted to assist with surveillance tracking, data collection, and reporting. Three community partners (northern, central, and southern) will implement a pilot patient navigation system for female diabetes patients. Each navigation system will utilize evidence-based strategies to focus on specified Healthy People 2010 objectives and improve outcomes for Hoosier women with diabetes.

Rape Prevention and Education Grant

The Office of Women's Health will assume the management of the Center for Disease Control's Rape Prevention and Education (RPE) grant for the state of Indiana in September 2007. In addition to the acquisition of the administrative tasks required for the dissemination of grant funds, OWH will also assume an organizational capacity in managing the grant. The CDC has issued a deliverable stating that each state receiving RPE funding must convene a statewide Sexual Violence Primary Prevention Council to assess the status and infrastructure of sexual assault primary prevention in Indiana. Ultimately, this council's goal will be to create or enhance a state plan that addresses Indiana's primary prevention programming capacity. Representatives from diverse organizations (rape crisis centers/service providers, youth, community, and faith-based leaders, organizations that work with men and boys and/or serve marginalized communities, the criminal justice system, medical providers, colleges and universities, and relevant government agencies) will be invited to serve on this council.

Osteoporosis

The Office of Women's Health will be creating an Osteoporosis Education and Prevention Plan in the spring of 2008. A group of experts will be assembled to provide input in order to develop the plan and will then review the plan and provide feedback before it is finalized. Appropriate internal and external partners will be brought on board to assist with the creation of the plan and will be key components in the implementation stages that will follow.

Youth Summit and the "I'm too..." Contest

A Youth Summit, which is a version of the INShape Indiana summit specifically tailored for youth, will be held on March 11th in Indianapolis. OWH will provide sponsorship for this event and will serve on the planning committee. The purpose of the Youth Summit is to educate high school-aged young people about the impact of decisions affecting their quality of life and encourage them to positively influence the health of those around them. OWH is also planning to sponsor a contest in the spring of 2008 for youth to develop TV commercials and/or print ads about why they don't smoke. Winning entries will be made into PSAs or print ads and placed in appropriate media outlets across the state. Honorable mention entries will be showcased on the OWH website. We will be calling on various experts in the tobacco field to assist in the development of the contest. We plan to announce the contest at the Youth Summit and then hope to announce the winner at the INFLUENCE forum in April.



Office of Women's Health

Indiana State Department of Health

Attachments

Come to our party and get hooked

We've come a long way from seeing ourselves as oh-so-sexy holding a slim cigarette — all the way to seeing red. Red, the color of angry outrage, could be just the thing to blot out Big Tobacco's latest campaign to hook young women on cigarettes by dressing up death in fuchsia and teal.

It isn't every day that an invitation to an official state event implores its participants to "Come Dressed in Black and White . . . Leave Seeing Red." But no slogan came closer to capturing the ferocity of the reaction that Indiana Health Commissioner Judy Monroe was getting from professional women around her state when they heard about R.J. Reynolds' new Camel No. 9 — a supposedly "light and luscious" cigarette the company has begun marketing aggressively to women.

The spark for Wednesday evening's anti-tobacco networking session in Indianapolis came at a meeting among Monroe and a handful of anti-tobacco activists. The group discussed Camel No. 9's marketing, a campaign that includes designing the package as if it were a fashion accessory, in shocking pink and electric blue — and running ads in fashion magazines that are read predominantly by young women and teens. It extends to special ladies' "spa nights" at nightclubs that cater to the under-30 crowd, where pampering with manicures and massages is part of the push. "Right then and there we said, 'We've got to do something about it,'" Monroe recalled in a telephone interview.

The immediate result is a networking session for women where Monroe, Indiana first lady Cheri Daniels and other powerful women



MARIE COCCO

in the state are to publicize the dangers of falling for such cheap glitz. "Every time women hear this marketing strategy they are outraged," says Monroe, a former family physician who says she's treated patients with severe lung disease from smoking. "They all are ready to be there. I've had wonderful e-mails coming in from women clergy, women bishops, business leaders, of course our educators and our young women from the universities."



**Judy Monroe,
Indiana Health
Commissioner**

More than a generation after the tobacco industry marketed Virginia Slims to newly "liberated" and upwardly mobile women, it just might find itself one-upped. Now some of the same women who were targets of that infamous ad campaign are running businesses, heading universities — and leading state governments. We've come all the way from believing the lie that it's glamorous to smoke, to being furious that cigarettes are advertised in Glamour.

This is real progress. So is the emergence of women such as Donna Colon, a 25-year-old graduate student who went to two Camel No. 9 ladies' nights at clubs in the Indianapolis area. "They gave you a pampering bag," Colon said of the evening she spent at The Vogue dance club in the city's trendy Broad Ripple district. "It was shocking pink

and black and it had a bunch of female products in there. They had a little cute pink mirror to put in your purse, an emergency makeup kit, and they had little pink cell phone charms." Also among the "treats" in the bag were free cigarettes and an invitation to a second Camel No. 9 nightclub party.

Colon, who works at an advertising agency — and volunteers for a youth anti-smoking group — was impressed. "They hired a full-blown salon to come in and set up all these booths. They had everything there — their curling irons, their makeup equipment. They spent a lot of money." The anti-tobacco side, she says, can't compete.

Well, not if the competition is held on the tobacco companies' terms. They believe their money will overwhelm public outrage. They think their under-the-radar marketing gambits (the nightclub evenings, the promotional mailings that turn up after a party guest places her driver's license through a required scanner, the complimentary pink martini glass) will go unnoticed beyond their youthful targets.

But Monroe and her colleagues have a nine-point plan to push back against Camel No. 9. It asks women to lobby for higher state tobacco taxes, write letters to women's magazines that run tobacco ads, support federal legislation to give the Food and Drug Administration the authority to regulate tobacco and take other action. It asks women to share the anti-tobacco information with nine friends.

If women around the country duplicate this network, we can beat back this latest menace to our health. Then it will be time for a celebratory martini and massage.

★ Cocco writes for the Washington Post Writers Group. Contact her at mariecocco@washpost.com.

Camel No. 9 sounds pretty, but it's not

Slick packaging, pretty colors and rosy images reach out to female consumers from the pages of a magazine. Their allure is not unusual for businesses seeking to attract customers. But in this case, the image is a mirage and the purchases could be deadly to any woman who doesn't read between the lines.

You see, the product advertised is a brand of cigarettes.

From Vogue to Glamour, Cosmopolitan to Elle, their slick approach is deceiving. There's nothing glamorous about lung cancer, a proven consequence of cigarette smoking.

Women members of the Indiana Senate, like those in the U.S. Congress, have united to condemn this practice.

While cigarette companies are subtle in their approach, they have aggressive intentions. The industry spends an estimated \$239 million annually for marketing in Indiana alone. They need to find replacement smokers, because their loyal customers are dying every day.

This is especially true in Indiana, which has the second-highest adult smoking rate in the

OUR VIEW

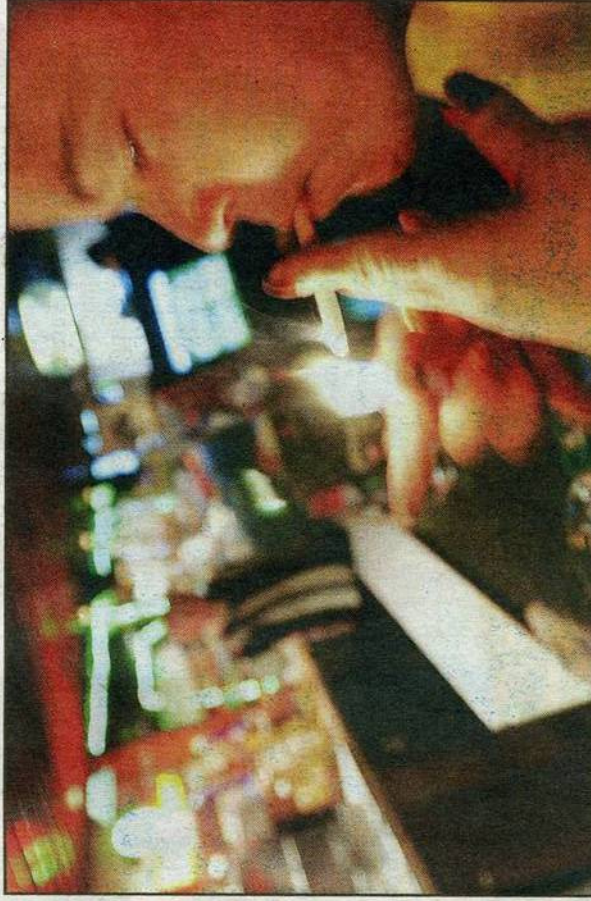
This letter was signed by state Sens. Beverly Gard, R-Greenfield; Patricia Miller, R-Indianapolis; Connie Lawson, R-Danville; Vaneta Becker, R-Evansville; Teresa Lubbers, R-Indianapolis; Sue Landske, R-Cedar Lake; Sue Errington, D-Muncie; Jean Breau, D-Indianapolis; Connie Sipes, D-New Albany; Vi Simpson, D-Ellettsville.

nation. Did you know that 9,700 Hoosiers die from tobacco use each year?

Twenty-five percent of Hoosier women smoke; 4,125 die each year.

Thirty percent of Hoosier high school girls smoke and nine of 10 begin before age 19.

Indiana spends \$778.6 million annually for women with smoking-related illness. In addition, Hoosiers pay \$13 million in federal taxes each year to cover Indiana's share of Social Security Supplementary Income payments to children who have lost a mother to smoking.



Associated Press
File Photo

YOU'VE COME A LONG WAY: Twenty-five percent of Hoosier women smoke, a habit that kills 4,125 of them each year. R.J. Reynolds is spending an estimated \$25 million to \$50 million on advertising to introduce its new cigarette for women.

ana Check-Up plan, including a component that discourages smoking and offers help to those who want to quit.

Now, a bipartisan group of 10 women senators is uniting again, condemning these advertisements and urging Indiana magazines to reject them.

According to reports, R.J. Reynolds is spending an estimated \$25 million to \$50 million on advertising campaigns to introduce

Sen. Beverly Gard is a survivor of breast cancer. She can tell you about the physical and emotional tolls cancer brings — information you won't find in the fancy new magazine ads. It might surprise you to know more Hoosier women die from lung cancer than breast cancer.

During this year's legislative session, all women in the Indiana Senate — Republicans and Democrats alike — supported the Indi-

its new women's version of Camel No. 9 — sounding more like a perfume than a cigarette. As everyone knows, smoking cigarettes has the opposite effect of spraying on perfume.

It's time we told cigarette companies and the magazines catering to them that the lives of women across this state and nation can't be bought. Colorful packaging can't hide the true darkness of cigarettes.

INDIANAPOLIS
STAR,

SEPTEMBER 10,
2007

Camel tries to woo women who already smoke

There are some points that should be made in response to the Indiana state senators' commentary about our new brand ("Camel No. 9 sounds pretty, but it's not," Our View, Sept. 2).

Of the 20 million female adults who smoke, 19.2 million smoke a brand other than Camel. We asked them why, and what it would take to convince them to change brands. They talked, we listened, and Camel No. 9 was created. We aren't trying to get non-smokers or youth to begin smoking; rather, we are giving adults who smoke another reason to try Camel.

Critics of Camel No. 9 believe that, by simply offering cigarettes in a black-and-fuchsia pack, women who don't smoke will suddenly decide to start. As

a woman, I find this extremely offensive. Do these critics think women are that shallow?

There have been cigarettes marketed to women for decades. If the real question is, "Does R.J. Reynolds want female smokers to switch to an R.J. Reynolds brand?" the answer is yes.

We welcome discussions with any interested parties regarding Camel No. 9 or any of our marketing practices.

Cressida Lozano
Vice president, Camel Brand Marketing
R.J. Reynolds Tobacco Co.
Winston-Salem, N.C.

Camel's promotions target young women

I commend our Indiana state senators for their commentary on Camel No. 9 (Our View, Sept. 2). Their points are right on target and show they deeply care about the well-being of our citizens. As the state health commissioner, I find it a privilege to work with these exceptional and dedicated women.

As a physician and a mother, I feel it is important for people to know that when the tobacco industry first started to target women in marketing strategies

in 1968, smoking among 12-year-old girls increased by 110 percent. In addition, Indiana's smoking rate for girls in middle school is higher than boys. The reality is, young girls look to women ages 18 to 24 as role models. History has shown us that, when women smoke, girls are more likely to start smoking.

Tobacco is highly addictive and deadly. I am personally troubled by the promotional giveaways for the Camel No. 9 campaign, which include free manicures, hot pink cell phone jewelry, and berry lip balm. These items are very appealing to young girls and send the false message that they should want to emulate women who smoke.

There is nothing fun or exciting that comes with a diagnosis of lung cancer or heart disease. We should be encouraging women to quit smoking, not change brands.

Judy Monroe, M.D.
Indiana Health Commissioner
Indianapolis



INDIANA

2007 GRADE F RANK 40 NATIONAL WOMEN'S LAW CENTER - "MAKING THE GRADE FOR WOMEN'S HEALTH"

GRADE KEY—S= Satisfactory S-=Satisfactory Minus U=Unsatisfactory F=Fail																	
Status Indicators	All																
	Non-Hispanic					Ages			2007 U.S. Data	2004 State Overall Data	2007 State Overall Data	2007 State Grade	2007 State Rank				
	White	Black	American Native/Alaskan	Asian/Pacific Islander	Hispanic	White	Black	American Native/Alaskan						Asian/Pacific Islander	18-44	45-64	65+
Women's Access to Health Care Services																	
Women without Health Insurance (%) (1)	14.4	19.6	33.2	11.3	46.8	13.2	19.6		11.3	19.4	9.1	18	15.2	15	F	23	
People in Medically Underserved Areas (%)												11.5	7.7	8.7		17	
First Trimester Prenatal Care (%)	83	69.3	73.9	82.5	66	84.7	69.3					84.1	81.4	81.5	U	34	
Women in County without Abortion Provider (%) (2)												34		62	F	39	
Addressing Wellness and Prevention																	
Screening																	
Pap Smears (%) (3)	80.1	84.6	71.7	68.8	75.6	80.3	84.4			86.8	79.9	57.9	86	85	82.5	F	46
Mammograms (%)	71	77.9	71.5		70.8	71.1	77.7					71.6	74.9	73.5	69.2	S-	41
Colorectal Cancer Screening (%)	47.1	49.5			36.7	47.3	48.8					54.5	53.3	44.5	49.8	S-	38
Cholesterol Screening (%)	72	71.4		73.7	60.6	72.5	71.4			58.3	84.6	91.6	75	73.9	72.8	F	39
Prevention																	
No Leisure-Time Physical Activity (%)	27.1	37.5	36.9	28.8	42.4	26.6	37.8			23.8	29.3	40.8	25.6	30.8	28.7	F	35
Obese (%)	25.1	39.9	28.9		32	24.9	40.2			24	31.5	22.9	24	23.3	26	F	36
Eating Five Fruits and Vegetables a Day (%)	25.1	25.7	44.6	46.5	23.4	25.3	24.9			21.9	27.9	32.8	28.1	25.9	25.6	F	37

Smoking (%)	24.8	26.5	34.5	17.5	24.9	26.6		29.5	23.9	10.3	19.2	25.8	25	F	49
Binge Drinking (%)	8.1	9.8		7.6	8.1	9.1		12.3	4.6	1	7.3	8.5	7.6	U	28
Annual Dental Visits (%)	69.7	65.4		59.5							71.1	70.2	68.5	S	37
Key Conditions															
Key Causes of Death															
Coronary Heart Disease Death Rate (per 100,000)	132.8	171.5	36.1	52.1	88.2						141.9	150.2	135	F	28
Stroke Death Rate (per 100,000)	55.6	66			35.6	55.7	66.4		3	21.8	453.2	52.1	66.5	F	33
Lung Cancer Death Rate (per 100,000)	47.9	54.9				48.4	55.3		3.3	60.2	266.3		46.5	F	47
Breast Cancer Death Rate (per 100,000)	25	33.2			16.2	25.1	33.4		4.9	40.5	120.4	25.1	27.2	U	36
Chronic Conditions															
High Blood Pressure (%)	23.6	41.6		27.5	23.7	23.6	41.6		8.1	35.5	57.5	24.9	26.9	F	31
Diabetes (%)	6.8	11.6			9.4	6.7	11.4		2.5	10.2	16	7.1	6.8	F	35
AIDS Rate (per 100,000)												9.4	3.1	S-	25
Arthritis (%) (4)	31.2	33.1			35.8							29.4			38
Osteoporosis (%) (National Only) (5)												17.6			
Reproductive Health															
Chlamydia (%)												6.3	7.6	U	38
Maternal Mortality Rate (per 100,000) (6)												13.1	4.5	S	4
Unintended Pregnancies (%) (National Only) (7)												49			
Mental Health															
Days Mental Health was Not Good in Past												3.9	4.1	4.3	42

Mail-In Application				↔
Asset Test for Parents				↔
Public Insurance for Childless Adults				↔
Regulation of Insurance for Individual Coverage				↔
Linguistic Access				↔
Access to Specific Services				↔
Pharmaceutical				
Medicaid Prescription Number Limits				↔
Medicaid Prescription Co-payment				↔
AIDS Drug Assistance Program				↔
Long-Term Care				
Ombuds Staffing Levels				↔
Medicaid Spousal Impoverishment				
Mental Health				
Mental Health Parity				↔
Eating Disorder Parity				→
Depression Parity				→
Diabetes-Related Services				↔
Breast and Cervical Cancer Treatment				
Medicaid Coverage				↔
Breast Reconstruction Surgery				↔
Mastectomy Hospital Stays				↔
Family Planning				
Contraceptive Coverage				↔
Access to Emergency Contraception				↔
Medicaid Waiver				↔
Infertility Treatment Coverage				↔
Abortion Access				
Clinic Access				↔
Private Insurance Coverage of Abortion				
Parental Consent/Notification				↔
Waiting Periods				↔

Public Funding					↓	
Violence Against Women Assistance						
Domestic Violence					↔	
Sexual Assault					↔	
Family and Medical Support						
Family & Medical Leave					↔	
Temporary Disability Insurance					↔	
Patients' Protections in Managed Care						
Direct Access to OB-GYN					↔	
Continuity of Care					↔	
Clinical Trials					↔	
External Review					↔	
Addressing Wellness and Prevention						
Screening Coverage Mandates						
Pap Smear					↔	
Chlamydia Screening					↔	
Mammogram					↔	
Osteoporosis Screening					↔	
Colorectal Cancer Screening					↔	
Prevention						
Exercise					↔	
Nutrition						
Food Stamp Outreach					↔	
Food Stamp Nutrition Education					↔	
Smoking						
Medicaid Smoking Cessation Coverage					↔	
Tobacco Sales Rate to Minors					↔	
Excise Tax					↔	
State Funding for Tobacco Prevention					↔	
Arthritis Program						
Sexuality Education in Public Schools					↔	

Lesbian-Headed Households, number and percent			
Median Earnings for Women, amount	6,221 (.3%)	363,848 (.3%)	
Women with Disabilities Affecting Workforce Participation, number and percent	30,093	32,288	
Households Living in Linguistic Isolation, number and percent	165,891 (8.4%)	7,303,526 (7.9%)	
Births Attended by a Midwife, number and percent	41,756 (1.7%)	5,319,426 (4.8%)	
Women Residing in Urban Areas, number and percent	3,223 (3.7%)	322,398 (8.0%)	
Women Residing in Rural Areas, number and percent	2,216,251 (71.5%)	113,984,742 (79.5%)	
Women with Some College or Associate Degree, number and percent	881,760 (28.5%)	29,383,601 (20.5%)	
Women with a Bachelor's Degree or Higher, number and percent	559,293 (26.5%)	27,129,553 (27.1%)	
	447,590 (21.2%)	27,527,706 (27.5%)	

- 1. The 2007 Report Card uses data from a different source than in 2004 (although both rely on the same underlying data source, the U.S. Census Bureau's Current Population Survey, or CPS, as noted in the indicator data source note), and the two sets of data are not entirely comparable. Data from earlier CPS years relied on different survey controls (such as techniques that can affect the survey sampling) (Census 1990), whereas newer CPS data rely on Census 2000 controls. In addition, in March 2007, the Census Bureau released revised estimates for health insurance. While the data presented in the 2007 Report Card reflect these updates, the data from the 2004 Report Card do not. However, for the purposes of this Report Card, the trends shown by these two sets of data are still generally accurate.
- 2. Because more current data are not available, the data from the 2004 Report Card have not been updated and are not shown in the 2004 column.
- 3. Pap Smear data are reported for age groups as follows: Ages 18-24: 80.9%; Ages 25-34: 92.9%; Ages 35-44: 90.0%; Ages 45-54: 88.8%; Ages 55-64: 86.9%; Ages 65+: 70.1%.
- 4. The 2007 Report Card uses data from a different source than in 2004, therefore the 2004 data are not shown in the 2004 column.
- 5. The 2007 Report Card uses data from a different source than in 2004, therefore the 2004 data are not shown in the 2004 column.
- 6. The 2007 Report Card uses data from a different source than in 2004 (although both rely on the same underlying data source described in the indicator data source note), and the two sets of data are not entirely comparable. The 2004 Report Card used data for the ten-year period from 1987 to 1996, whereas the 2007 Report Card shows data from the six-year period from 1999 to 2004, due to a 1999 change in how mortality cause is reported. Nevertheless, for the purposes of this Report Card, the trends shown by these two sets of data are still generally accurate. The national figure reported in the 2007 edition of the Report Card is the most current single-year figure (2004) for the nation as a whole. The 2004 Report Card reported the ten-year national figure.
- 7. Unintended Pregnancies are reported for age groups as follows: Under Age 15: 100%; Age 15-17: 87%; Age 18-19: 79%; Age 20-24: 60%; Age 25-29: 43%; Age 30-34: 33%; Age 35-39: 29%; Age 40+: 38%.
- 8. Violence Experienced Over a Lifetime is also reported for Mixed Race. The percentage of women of mixed race experiencing violence over a lifetime is 61.2%. Because more current data are not available, the data from the 2004 Report Card have not been updated and are not shown in the 2004 column.
- 9. Because more current state data are not available, the state and national data from the 2004 Report Card have not been updated, and are not shown in the 2004 column. Although more recent data at the national level are available, the Report Card uses national level data that are consistent with the data years available at the state level. The updated overall national figure for 2004 is 80.4 years. National Center for Health Statistics, "Table 27. Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900-2004," in Health, United States, 2006 (2006), 176, available at <http://www.cdc.gov/nchs/data/abus/abus06.pdf#027>.

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October 18, 2007

Report gives Indiana 'F' for women's health

By Barb Berggoetz
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October 18, 2007

Hoosier women's health status and state policies ranked among the worst in a nationwide report card released Wednesday, but new efforts may bolster Indiana's standing in years to come.

That's the hope of Indiana's health commissioner, Judith Monroe, who was distressed but not surprised by Indiana's poor showing.

Indiana ranked 40th among the 50 states and Washington and was one of 12 states, mostly in the South, that got an "F" on the report card, "Making the Grade for Women's Health," developed by the advocacy group National Women's Law Center and Oregon Health and Science University.

"We have room for improvement everywhere," said Monroe, who is particularly concerned with women's high smoking and diabetes rates.

"But we're beginning to see a lot of momentum," she said. "Once schools, colleges, work sites, faith communities and local governments are engaged and serious about policy and program changes, we will significantly see the needle move."

Steps already taken — including raising the cigarette tax and the Healthy Indiana Plan that provides health insurance for the uninsured — should improve Hoosiers' health, Monroe said. She also cited INShape Indiana, a Web-based program focusing on healthy lifestyles, a new emphasis on workplace wellness and her office's Influence Women's Health grassroots educational program.

Yet the state-by-state report paints a grim picture of the state of women's health. Little progress has been made in Indiana or the nation since the first of four report cards was released in 2000, said Judy Waxman, vice president for health at the Washington-based law center.

"As each year passes, the nation and the states are falling further behind in the quest to meet the national goals," Waxman said.

No state received an overall "satisfactory" grade. The top three — Vermont, Minnesota and Massachusetts — received "satisfactory minus" grades. Most states earned "unsatisfactory" marks.

Indiana improved its ranking of 41st in the 2004 report. But its grade slipped from unsatisfactory to failing because the state was more than 50 percent away from reaching the goals.

While Waxman said that only a handful of states meet at least half of the policy goals, the top three states have in place or are putting in place good health insurance coverage and Medicaid eligibility standards. Minnesota, for example, has the lowest percentage of women without health insurance, and its Medicaid system covers smoking cessation and numerous health screenings.

"It's rather depressing, I think, to be 40th," said Dr. Robert Deaton, co-director of the St. Vincent Center for Women's Health, which provides healthy lifestyle risk assessments to women, screenings and nutritional and medical consulting.

The keys, he said, are working harder at preventive care and wellness, improving health access in rural areas and helping women lose weight, exercise and stop smoking.

Indiana women got an "F" for rates of obesity, smoking, physical activity, high blood pressure and diabetes, among others.

"I think people don't realize that most of these issues would be better if they took personal responsibility," Deaton said.

Still, barriers and policies exist that make it harder for women to get health care. "We are set up as a (health) system to not have women succeed," said Dr. Sharree Grannis, program director for the Indiana University Family Medicine Residency.

She said poverty and a lack of child care, transportation and workplace wellness initiatives make it harder for women to seek care.

Of particular concern, Grannis said, are higher rates of minority women who are without health insurance and prenatal care, have diabetes and high blood pressure, and die from coronary heart disease and strokes.

"If we control blood pressure and cholesterol and create systems by which exercise is easier, we know we can improve those things," she said.



November 19, 2007

MY VIEW: JUDITH MONROE

Raising our grade in women's health

November 19, 2007

The 2007 National Women's Law Center Triennial Report Card recently was released indicating the status of women's health in each state. Indiana did not fare well with a grade of F and a rank of 40th out of the 50 states.

While the information in this report is not necessarily new to those working on women's health issues in Indiana, the results are still distressing. The Office of Women's Health at the Indiana State Department of Health strives to support women's health programming and policies and values the opportunity to work with others to make a positive change in the lives of Hoosier women.

The recent increase in the price of cigarettes, which in part funds the governor's Healthy Indiana Plan, will go a long way in ensuring more Hoosier women have access to needed health care and have an extra incentive not to smoke. The State Department of Health is working on several initiatives to promote the health of women, including:

- Coordinating an active Office of Women's Health Advisory Board consisting of legislators, health and business professionals, and community leaders from across the state;
- Creating INFLUence, a network of powerful Hoosier women who are given tools about an emerging public health issue (such as tobacco marketing) and are asked to use their influence to initiate positive changes;
- Managing Gov. Daniels' INShape Indiana initiative to help Hoosiers eat better, exercise more and stop smoking;
- Partnering with the Office of the First Lady to promote heart health through her Heart to Heart initiative;
- Collaborating with Indianapolis Woman magazine to create and distribute monthly public health inserts that also serve as stand-alone educational materials;
- Continuing to promote the Jump Kids Jump movement by maintaining a partnership with Clarian Health Partners and Riley Hospital;
- Implementing a pilot patient navigation system in three counties to help females with diabetes improve their health outcomes;
- Managing a rape prevention and education grant from the Centers for Disease Control that funds Purdue University and the Indiana Coalition Against Sexual Assault;
- Developing a statewide osteoporosis education and prevention plan.

A crucial component to improving the health of women in Indiana is personal responsibility, and this is a major theme woven into all projects initiated by the Health Department. Effective programs and policies can help generate awareness, educate women, and create a culture that values wellness, but in the end it is up to each person to take the steps necessary to live a healthy lifestyle.

While the staff at the state Department of Health is committed to improving women's health in Indiana, many partners across the state, at all levels of leadership, must be actively involved in developing, implementing and evaluating health programs and policies if we are

to be successful, I encourage those with a passion for women's health to work with the state and local health departments to develop innovative ways to make a positive impact and ensure that in the future Indiana makes the grade when it comes to women's health.

An Important Announcement

your call to action

State Health Commissioner Judy Monroe, M.D. and Mary Weiss, President/CEO of Weiss Communications, publisher of *Indianapolis Woman* magazine and Weiss Custom Publishing, proudly announce a partnership designed to reach all women, as key influencers, to improve personal, family and public health.

Now in its 14th year of publication, *Indianapolis Woman's* mission is still simply to educate and inspire women in a proactive way.

The state health commissioner shares this same mission with regard to public health. ***Our goal is to produce and disseminate critical health information so that you may be inspired to be an integral part of this partnership.*** From time to time, we will call you to action as a partner whose feedback can have a positive influence on others.

With tobacco addiction, as a prime health concern, your personal stories are of great value. Your insights, individual stories, testimonies, triumphs and personal victories as you quit smoking will empower others to boldly overcome their own struggles with tobacco use.

In our collaboration with Indiana Tobacco Prevention and Cessation, ***your first call to action is share your story*** by logging onto www.indianapolis-woman.com. Your personal stories make very real the possibility for change. Selected stories may be included in future campaigns.

Influence women's health today ... at home, at work, at school, in your neighborhood and beyond



Dr. Judith Monroe
State Health
Commissioner



Mary Weiss
President/CEO
Weiss
Communications
Publisher of
Indianapolis Woman

